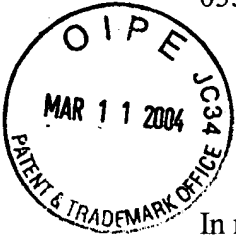


03500.015319

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
: Examiner: D. Singh  
NOBUO TSUCHIYA )  
: Group Art Unit: 2633  
Application No.: 09/839,140 )  
:  
Filed: April 23, 2001 )  
:  
For: OPTICAL SIGNAL RECEIVER )  
AND OPTICAL SPACE )  
TRANSMISSION SYSTEM ) March 11, 2004

**Mail Stop RCE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

MAR 16 2004

Technology Center 2600

AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified  
application as follows.

03/12/2004 JADD01 00000035 09839140

02 FC:1202

324.00 OP

In re Application of:

NOBUO TSUCHIYA

Application No.: 09/839,140

Filed: April 23, 2001

For: OPTICAL SIGNAL RECEIVER  
AND OPTICAL SPACE  
TRANSMISSION SYSTEM



Docket No. 03500.015319

Examiner: D. Singh

Group Art Unit: 2633

Date: March 11, 2004

**Mail Stop RCE**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**RECEIVED**

MAR 16 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58	MINUS	40	18	x \$9 \$18	\$324.00
INDEP. CLAIMS	2	MINUS	3	0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$324.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 324.00 is enclosed.

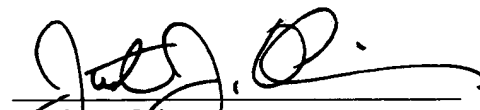
☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

  
Justin J. Oliver  
Attorney for Applicant  
Reg. No. 44,986

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

JJO/tmm

DC\_MAIN 160237v1